Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST	CAD 0 865	51000510	ocument No.	2.Page 1 of	is not law.	require	ne shaded areas ed by Federal		
Generator's Name and Mailing Add Generator's Phone (craft Co. Normandie Av A 905021	t Co. AState 6 B. State C				Anniest Document Number 31204 Jenerator's ID			
5. Transporter 1 Company Name J.C. Liquid Waste Dispos 7. Transporter 2 Company Name	US EPA ID NO	R 2 E 7	C.State Transporter's ID 27, 47 D.Transporter's Phone E.State Transporter's 2013-268-3137 F.Transporter's Phone						
	1	US EPA ID Nu							
9. Designated Facility Name and Site Casmalia P.O. Box E. NTU Road Casmalia. CA 93429		10. US EPA ID Number			G.State Facility's ID (IADO207)48125 H.Facility's Phone				
11. US DOT Description (Including Proper			12.Contain		13. Total Quantity	14. Unit Wt/Val	I. Waste No.		
a. Waste Sodium Hydroxide S	olution - Corre	s fve UN1824	0 0 1		500	6	121		
b .		V							
C.					892				
d ,			ψ,						
J. Additional Descriptions for Materials Society Hydroxt de	Listed Above			K, Handlin	g Codes fo	r Wastes	Listed Above		
Sodium Aluinate Sulitur Nator	6% 4% 6% 4% 80% 86%				X				
Soften Alumate Sulfur Vater 15. Special Handling Instructions and A Use gloves, goggles, res 16. GENERATOR'S CERTIFICATION: Ih- above by proper shipping name and are	5% 4% 6% 4% 80% 86% Information Pirator - May control ereby declare that the control classified, packed, mark	ntents of this consigr	nment are fully	and accur	ately descr				
Sodium Aluinate Sulfur Vator 15. Special Handling Instructions and A Use gloves, goggles, res 16. GENERATOR'S CERTIFICATION: Inc.	5% 4% 6% 4% 80% 86% Information Pirator - May control ereby declare that the control classified, packed, mark	ntents of this consigned, and labeled, and	nment are fully	and accur	ately descr	n for			
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A	UNIFORM HAZARDOUS 1. Generator's	US EPA ID No. N	anifest	2. Pag			he shaded areas ed by Federa	
₹Į	WASTE MANIFEST LADOS	16510005		of	law.	<u> </u>		
1	3. Generator's Name and Mailing Address			A.Ste	te Manifest I	}ochweu	t Number	
П		Aircraft Co. S. Normandie Ave.		0.	DATE	<i>)</i> 44		
П			B.Sta	ite Generator	3 ID			
H	4. Generator's Phone () 5. Transporter 1 Company Name 33-66/	e, CA 905021		0.00		- 15	74.2	
11		6. US EPA ID Num		A 100 PM	te Transporte nsporter's Ph		: 1, 1, 2	
	7. Transporter 2 Company Name	8. US EPA ID Num			te Transporte		760 3117	
И	7. Transporter 2 Company Name	o. US EFA ID NUIIII	J G 1		nsporter's Ph		.516-067.	
ŀ	9. Designated Facility Name and Site Address	10. US EPA ID Num	· · ·		te Facility's I			
П		TO. OO EI A ID NOM	J 01					
	Casmalia			H.Fac	ility's Phone			
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	Casmalia, CA 93429	C A D O 2 O 7 4 S	112 Cont		13.	14.		
1	11. US DOT Description (Including Proper Shipping Name, I	lazard Class, and ID Number	1	1	Total	Unit	l. Waste No.	
3 E	8.4.		No.	Туре	Quantity	Wt/Vol		
v	" Waste Sodium Hydroxide Solution - C							
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	J. Additional Descriptions for Materials Listed Above			K.Ha	ndling Codes fo	ır Waster	Listed Above	
	Sodium Hydroxida BS 63			2 / 2			Salar Vallage	
	Sadien Alvinate 65 45							
	Svi fur							
	- Vater BOS 66%							
Ī	15. Special Handling Instructions and Additional Informa	tion				3		
1		60						
	Use gloves, goggles, respirator - M	ny cause severe bu	rns to	ski	n & eyes			
l								
Ĺ					<u> </u>		7.12.200	
	16. GENERATOR'S CERTIFICATION: I hereby declare that							
١	above by proper shipping name and are classified, packed transport by highway according to applicable internations				proper condition	on for		
L					<u></u>		Date	
	Printed/Typed Name	Signature	111	Jan	M		Month Day Ye	
1	Donald C. Serber	sb (/ /	11/		<i>Y</i>		0/018	Lon
	17. Transporter 1 Acknowledgement of Receipt of Mate			V	TU W 1		Date	
	Printed/Typed Name	Signature		, rot		!	Month Day Ye	ar
L	TREEDEY WHELL TONES		Array _		علينيا ارتبا	-		
	18. Transporter 2 Acknowledgement or Receipt of Mate		1+ix				Date	\$40
	Printed/Typed Name	Signature "	7	NO PORT			Month Day Ye	ar
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	19. Discrepancy Indication Space				· · · · · · · · · · · · · · · · · · ·		1	
1		SCANNED						
1								
1	 Facility Owner or Operator: Certification of receipt of h Item 19. 	azardous materials covered	by this m	anifest	except as not	ed in		
	1011.							
L						1	Date	
F	Printed/Typed Name	Signature						ear

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